

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09805527

FILING DATE

03-13-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
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18		1				
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20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27	1					
28		4				
29	1					
30		1				
31		1				
32	1					
33		2				
34						
35						
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	31					
TOTAL CLAIMS	37					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS